SEP 2 3 2004

PTO/SB/82 (09-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE to a collection of information unless it disables a collection of information unle eduction Act of 1995, no persons are required to res

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND

CHANGE OF CORRESPONDENCE ADDRESS

pond to a collection of information unles	s it displays a valid OMB control number.
Application Number	10/673,916
Filing Date	September 26,2003
First Named Inventor -	Debuene Chang
Art Unit	3763
Examiner Name	Not Yet Assigned
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.				
A Power of Attorney is submitted herewith.				
OR I hereby appoint the practitioners associated with the Customer Number:				
Please change the correspondence address for the above-identified application to:				
The address associated with Customer Number:				
OR Simple				
M Firm or Individual Name Dr. Debuene Chang				
Address				
Address P. O. Box 1156				
City Danville State CA Zip 94526				
Country				
Telephone 925/973-0136 Fax				
I am the: Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				
SIGNATURE of Applicant or Assignee of Record				
Name IDebuene Chang				
Signature of Alamo f				
Date 9/15/04 Telephone 925-974-9025				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
Total offorms are submitted.				

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/82 (09-03)

Approved for use through 11/30/2005. OMB 0561-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
a collection of information unless it displays a valid OMP control with the cont guction Act of 1995, no persons are required to resp

REVOCATION OF POWER OF **ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS**

pond to a conection of implimation unless	it displays a valid Olvio control number.
Application Number	10/673,916
Filing Date	September 26, 2003
	Debuene Chang
Art Unit	3763
Examiner Name	Not Yet Assigned
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.				
A Power of Attorney i	is submitted herewith.			
<i>OR</i> ☐ I hereby appoint the	practitioners associated with the C	Customer N	lumber:	
Please change the correspondence address for the above-identified application to: The address associated with				
Customer Number				
Firm <i>or</i> Individual Name	Dr. Debuene Ch.	ang		
Address				
Address	P.O. Box 1156			
City	Danville	State	CA	Zip 94526
Country	USA			
Telephone	925/973-0136	Fax		
I am the: Applicant/Inventor.	•			
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				
SIGNATURE of Applicant or Assignee of Record				
	B. Da Silva			
Signature	13/2			
Date	9/15/09	Telephon		989-6810
NOTE: Signatures of all the inventors or signature is required, see below*.	assignees of record of the entire interest or their	r representative	(s) are required. Submi	t multiple forms if more than one
*Total of 3 forms a	are submitted.			

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/82 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Eduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS

pond to a conection of information unles	is it displays a valid Olyib Control number.
Application Number	10/673,916
Filing Date	September 26,200
First Named Inventor	T. Debuene Chang
Art Unit	3763
Examiner Name	Not Yet Assigned
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.			
A Power of Attorney is submitted herewith.			
OR I hereby appoint the	practitioners associated with the Customer Number:		
Please change the correspondence address for the above-identified application to:			
The address ass Customer Numb			
OR Firm or	Dr. Debuche Chang		
Individual Name Address	D1. 0000000		
Address	P.O. Box 1156		
City	Danville State CA Zip 94526		
Country	USA		
Telephone	925 973-0136 Fax		
I am the: Applicant/Inventor.			
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			
SIGNATURE of Applicant or Assignee of Record			
Name Wictor	CC Esch		
Signature			
Date 28 A	mg 6 4 Telephone 505 856 5808		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
Total of 3 forms	aré submitted.		

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.